

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <div style="text-align: center; font-size: 1.2em;">Aug 2004</div>	Applicant Identifier State Application Identifier Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: Address (give city, county, state, and zip code): Albion-Little River Fire Protection District PO Box 101 Albion, Mendocino, CA 95410-0101		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Richard W. Ahrens 707.937.4242																													
6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 0 5 2 0 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) G <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div> <div style="text-align: center; font-size: 2em; margin-top: 10px;">G</div>																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 10px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other (specify):</div> </div>		9. NAME OF FEDERAL AGENCY: <div style="text-align: center; font-size: 1.2em;">USDA</div>																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE PROGRAMS <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;"> RECEIVED NOV 29 2004 </div> <div style="text-align: center; border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> 1 0 7 6 6 </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <div style="text-align: center; font-size: 1.2em;">New Firehouse Station 811</div>																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) <div style="text-align: center; font-size: 1.2em;">Albion & Little River, Mendocino, CA</div>		13. PROPOSED PROJECT Start Date Ending Date 09.01.04 12.01.05																													
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st Cong. Dist.		b. Project 1st Cong. Dist.																													
15. ESTIMATED FUNDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:50%;">487,060.</td> <td style="width:20%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td>487,060</td> <td>0.00</td> </tr> </table>		a. Federal	\$	487,060.		b. Applicant	\$			c. State	\$			d. Local	\$			e. Other	\$			f. Program Income	\$			g. Total	\$	487,060	0.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	487,060.																													
b. Applicant	\$																														
c. State	\$																														
d. Local	\$																														
e. Other	\$																														
f. Program Income	\$																														
g. Total	\$	487,060	0.00																												
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input type="checkbox"/> NO																															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Type Name of Authorized Representative Richard W. Ahrens		b. Title Board Member																													
d. Signature of Authorized Representative 		c. Telephone Number 707.937.4242 e. Date Signed 2 Aug 2004																													

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED September 24, 2004		Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: State of California Department of Parks and Recreation			Organizational Unit: North Coast Redwoods District Department: Parks and Recreation		
Organizational DUNS: 143270697			Division: Northern		
Address: Street: PO Box 2006, 3431 Fort Avenue Eureka, CA 95502-2006			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Patrick		
City: Eureka			Middle Name: Robison		
County: Humboldt			Last Name: Vaughan		
State: California		Zip Code: 95502-2006		Suffix:	
Country: USA			Email: pvaug@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606			Phone Number (give area code) (707) 445-6547, x24		Fax Number (give area code) (707) 441-5737
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Coastal Service Center			9. NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Del Norte, Humboldt, Mendocino counties, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Geomorphic, Habitat and Coastal GIS Mapping with Application to Recovery of Snowy Plover and Resoration of Beach and Dune Dynamics in California State Parks, Northwestern California		
13. PROPOSED PROJECT Start Date: 4/1/05 Ending Date: 12/31/06			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1 b. Project 1		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 94,502			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 9/24/04		
b. Applicant \$ 63,297			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 157,149					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Steve		Middle Name	
Last Name Horvitz				Suffix	
b. Title Superintendent				c. Telephone Number (give area code) (707) 445-6547, x11	
d. Signature of Authorized Representative				e. Date Signed 9-23-2004	



Kings County Association of Governments

Kings County Government Center ❖ 1400 W. Lacey Boulevard ❖ Hanford, California 93230

☎ (559) 582-3211 extension 2670

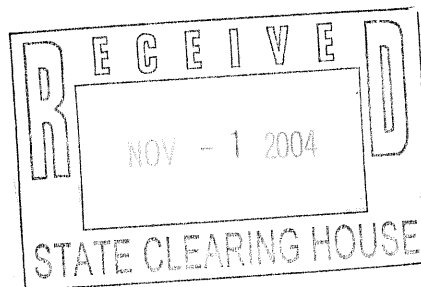
FAX (559) 584-8989

🌐 www.countyofkings.com/kcag

Member Agencies: Cities of Avenal, Corcoran, Hanford and Lemoore, County of Kings

October 28, 2004

Barbara McCurdy Marty, Economic Development Manager
City of Hanford
Community Development Department
319 N. Douty Street
Hanford, CA 93230



Re: Areawide Planning Review #04-09
Community Development Block Grant Program

Dear Barbara:

The Kings County Association of Governments (KCAG) has reviewed your proposal for federal funding assistance from the Department of Housing & Urban Development. In accordance with Office of Management and Budget Executive Order 12372, KCAG, as the areawide planning organization and clearinghouse, has coordinated local review of your proposal.

The following agencies commented that the project does not duplicate or conflict with any of their programs: **City of Hanford – Public works, City of Hanford – Planning.**

The Kings County Association of Governments (KCAG) staff comments that the project does not unnecessarily conflict with any County programs, is timely, and should be undertaken now. The Kings County Association of Governments Commission's comments include and ratify those of its staff and other reviewers regarding Areawide Planning Review #04-09.

Thank you for the opportunity to review and comment on your project. We would appreciate being notified by your funding agency if the application is successful. Please feel free to contact me if you have any questions at (559) 582-3211 ext. 2676.

Sincerely,

KINGS COUNTY ASSOCIATION OF GOVERNMENTS
William R. Zumwalt, Executive Director

Melody N. Haigh, Planner

cc: Sheila Brown, State Clearinghouse, Office of Planning & Research



Kings County Association of Governments

Kings County Government Center ❖ 1400 W. Lacey Boulevard ❖ Hanford, California 93230

☎ (559) 582-3211 extension 2670

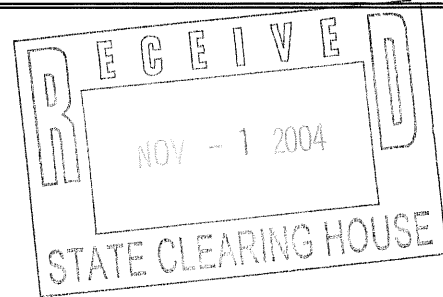
FAX (559) 584-8989

🌐 www.countyofkings.com/kcag

Member Agencies: Cities of Avenal, Corcoran, Hanford and Lemoore, County of Kings

October 28, 2004

Margaret Crawford, Head Start Director
Kings Community Action Organization
1222 W. Lacey Boulevard, Suite 201
Hanford, CA 93230-5901



Re: Areawide Planning Review #04-08
Region IX Preschool and Early Head Start Program's Training & Technical Assistance
Application for FY 2004/2005

Dear Margaret:

The Kings County Association of Governments (KCAG) has reviewed your proposal for federal funding assistance from the Department of Health & Human Services. In accordance with Office of Management and Budget Executive Order 12372, KCAG, as the areawide planning organization and clearinghouse, has coordinated local review of your proposal.

The following agencies commented that the project does not duplicate or conflict with any of their programs: **City of Hanford - Planning, Kings Partnership for Children, and Kings County Health Department – EHS.**

The Kings County Association of Governments (KCAG) staff comments that the project does not unnecessarily conflict with any County programs, is timely, and should be undertaken now. The Kings County Association of Governments Commission's comments include and ratify those of its staff and other reviewers regarding Areawide Planning Review #04-08.

Thank you for the opportunity to review and comment on your project. We would appreciate being notified by your funding agency if the application is successful. Please feel free to contact me if you have any questions at (559) 582-3211 ext. 2676.

Sincerely,

KINGS COUNTY ASSOCIATION OF GOVERNMENTS
William R. Zumwalt, Executive Director

Melody N. Haigh, Planner

cc: Sheila Brown, State Clearinghouse, Office of Planning & Research



Kings County Association of Governments

Kings County Government Center ❖ 1400 W. Lacey Boulevard ❖ Hanford, California 93230

☎ (559) 582-3211 extension 2670

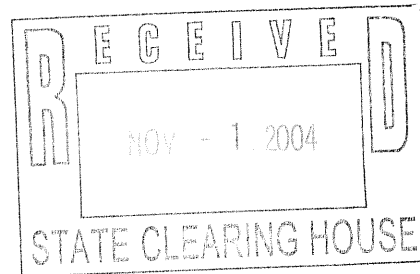
FAX (559) 584-8989

🌐 www.countyofkings.com/kcag

Member Agencies: Cities of Avenal, Corcoran, Hanford and Lemoore, County of Kings

October 29, 2004

Margaret Crawford, Head Start Director
Kings Community Action Organization
1222 W. Lacey Boulevard, Suite 201
Hanford, CA 93230-5901



Re: Areawide Planning Review #04-07
Migrant and Seasonal Head Start Application for FY 2004/2005

Dear Margaret:

The Kings County Association of Governments (KCAG) has reviewed your proposal for federal funding assistance from the Department of Health & Human Services. In accordance with Office of Management and Budget Executive Order 12372, KCAG, as the areawide planning organization and clearinghouse, has coordinated local review of your proposal.

The following agencies commented that the project does not duplicate or conflict with any of their programs: **City of Hanford - Planning, Kings Partnership for Children, Kings County Public Works, and Kings County Health Department – EHS.**

The Kings County Association of Governments (KCAG) staff comments that the project does not unnecessarily conflict with any County programs, is timely, and should be undertaken now. The Kings County Association of Governments Commission's comments include and ratify those of its staff and other reviewers regarding Areawide Planning Review #04-07.

Thank you for the opportunity to review and comment on your project. We would appreciate being notified by your funding agency if the application is successful. Please feel free to contact me if you have any questions at (559) 582-3211 ext. 2676.

Sincerely,

KINGS COUNTY ASSOCIATION OF GOVERNMENTS
William R. Zumwalt, Executive Director

Melody N. Haigh, Planner

cc: Sheila Brown, State Clearinghouse, Office of Planning & Research

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/1/04		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: <u>CWPA</u> <u>CALIFORNIA WETLAND PRODUCERS ASSOC.</u>		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: <u>104928874</u>		Organizational Unit: Department:		Division:	
Address: Street: <u>P.O. BOX 1951 (1570 W. HWY 246)</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <u>MRS.</u> First Name: <u>DIANE</u>			
City: <u>BUELTON</u>		Middle Name: <u>B.</u>			
County: <u>SANTA BARBARA</u>		Last Name: <u>PRESCHNER - STEELE</u>			
State: <u>CA</u> Zip Code: <u>93427-1951</u>		Suffix:			
Country: <u>U.S.A.</u>		Email: <u>dplesch@earthlink.net</u>			
6. EMPLOYER IDENTIFICATION NUMBER (EIN) <u>54-2386130</u>		Phone Number (give area code) <u>(805) 693-5430</u>		Fax Number (give area code) <u>(805) 686-9312</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box (see back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <u>0 - NOT FOR PROFIT</u> Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <u>□□-□□□</u>		9. NAME OF FEDERAL AGENCY: <u>National Ocean Service</u>			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Market Squid Industry - Agency Cooperative Research and Biological Observations</u>			
13. PROPOSED PROJECT Start Date: <u>5/1/05</u> Ending Date: <u>4/30/08</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>24</u> b. Project <u>CA Statewide</u>			
15. ESTIMATED FUNDING: a. Federal \$ <u>193,550</u> b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ <u>193,550</u>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>12/1/04</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Authorized Representative Prefix: <u>MRS.</u> First Name: <u>DIANE</u> Middle Name: <u>B.</u>		Last Name: <u>PRESCHNER - STEELE</u> Suffix:			
b. Title: <u>EXECUTIVE DIRECTOR</u>		c. Telephone Number (give area code): <u>(805) 693-5430</u>			
d. Signature of Authorized Representative: <u>Diane B. Presch-Steele</u>		e. Date Signed: <u>11/04/2004</u>			

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

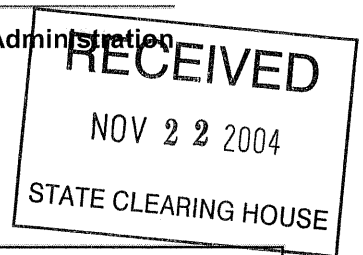
**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 24, 2004	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of Aliso Viejo		Organizational Unit: Department: Public Works and Engineering		
Organizational DUNS: 031628279		Division: Not Applicable		
Address: 12 Journey, Suite 100		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: Aliso Viejo		Prefix: Mr.	First Name: John	
City: Orange		Middle Name:		
County: California		Last Name: Whitman		
State: U.S.A.		Suffix:		
Zip Code: 92656-5335		Email: jwhitman@cityofaliso Viejo.com		
Country:		Phone Number (give area code) (949) 425-2531		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-097-1162		Fax Number (give area code) (949) 425-3899		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal Other (specify)		
		9. NAME OF FEDERAL AGENCY: U.S. Fish and Wildlife Service		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 623 TITLE (Name of Program): No. America Wetlands Conservation Fund		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wood Canyon Emergent Wetland Project		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Orange County, California				
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project 48		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 50,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/16/04		
b. Applicant	\$ 158,000	b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 0			
e. Other	\$ 0			
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 208,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name John		Middle Name
Last Name Whitman		Suffix		
b. Title Public Works Director/City Engineer		c. Telephone Number (give area code) (949) 425-2531		
d. Signature of Authorized Representative 		e. Date Signed 11/24/04		

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

**Application for Federal Assistance**

Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-Y318
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2005 Capital Assistance

Part 1: Recipient Information

Project Number:	CA-90-Y318
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Union President
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$3,432,500
Project Number:	CA-90-Y318	Adjustment Amt:	\$0
Project Description:	FY 2005 Capital Assistance	Total Eligible Cost:	\$3,432,500

Recipient Type:	City	Total FTA Amt:	\$2,766,000
FTA Project Mgr:	Ray Tellis / Jack Ottomanelli	Total State Amt:	\$0
Recipient Contact:	Jim Mills / Jasmin Manipud	Total Local Amt:	\$666,500
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Oct. 01, 2004 - Jun. 30, 2006	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2004		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman
6	37	Juanita Millender-McDon

Project Details

DOL Checklist

1. Who is receiving the funds? The applicant, (i.e. recipient) and subrecipient(s) of funds must be clearly identified.

The City of Torrance (Recipient #1666) is receiving all funds in the grant.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier
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5. APPLICANT INFORMATION Legal Name: San Jose State University Organizational DUNS: 05-0520840 Address: Street: One Washington Square City: San Jose County: Santa Clara State: California Zip Code: 95192 Country: U.S.A.		Organizational Unit: Department: Moss Landing Marine Laboratories Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Robert Middle Name: Kevin Last Name: Burton Suffix: Email: rburton@mlml.calstate.edu Phone Number (give area code): (831) 771-4428 Fax Number (give area code): (831) 632-4403
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 77-0414438 </div>	7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 66-461 </div> TITLE (Name of Program): Wetland Program Grants	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development of a Regional Monitoring Program for Central California Wetlands
--	--

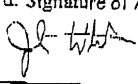
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo, Santa Cruz, San Benito, Monterey, San Luis Obispo Counties	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 16 b. Project: 14, 17, 23
---	--

13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/06	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/12/04 b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	--

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">140,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">17,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">15,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">15,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">187,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	140,000	.00	b. Applicant	\$	17,000	.00	c. State	\$	15,000	.00	d. Local	\$.00	e. Other	\$	15,000	.00	f. Program Income	\$.00	g. TOTAL	\$	187,000	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	140,000	.00																										
b. Applicant	\$	17,000	.00																										
c. State	\$	15,000	.00																										
d. Local	\$.00																										
e. Other	\$	15,000	.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	187,000	.00																										

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix: Dr.	First Name: Pamela	Middle Name: C. Suffix:
Last Name: Stacks		c. Telephone Number (give area code): (408) 924-2427
b. Title: Interim AVP Graduate Studies and Research		e. Date Signed: 11/17/04
d. Signature of Authorized Representative: <i>Pamela C Stacks</i>		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 18, 2004		Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION		Federal Identifier			
Legal Name:		Organizational Unit:			
City of Aliso Viejo		Department:			
Organizational DUNS:		Public Works and Engineering			
031628279		Division:			
Address:		Not Applicable			
12 Journey, Suite 100		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street:		Prefix:		First Name:	
Aliso Viejo				John	
City:		Mr.		Middle Name:	
Orange					
County:		Last Name:			
California		Whitman			
State:		Suffix:			
U.S.A.		Zip Code:			
		92656-5335			
Country:		Email:			
		jwhitman@cityofaliso Viejo.com			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)		Fax Number (give area code)	
33-097-1162		(949) 425-2531		(949) 425-3899	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal Other (specify)			
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:			
623		U.S. Fish and Wildlife Service			
TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
No. America Wetlands Conservation Fund		Wood Canyon Emergent Wetland Project			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):		14. CONGRESSIONAL DISTRICTS OF:			
Orange County, California		a. Applicant		b. Project	
13. PROPOSED PROJECT				48	
Start Date:		15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Ending Date:				a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/16/04	
				b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
				<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
				<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
				18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
				a. Authorized Representative	
Prefix		First Name		Middle Name	
Mr.		John			
Last Name		Suffix			
Whitman					
b. Title		c. Telephone Number (give area code)			
Public Works Director/City Engineer		(949) 425-2531			
d. Signature of Authorized Representative		c. Date Signed			
		11/16/04			

RECEIVED

NOV 18 2004

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

TYPE OF SUBMISSION:

Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
---	--

5. APPLICANT INFORMATION

Legal Name: City of Huntington Park	Organizational Unit: Community Development Department
Address (give city, county, State, and zip code): 6550 Miles Avenue Huntington Park, CA 90255 Los Angeles County	Name and telephone number of person to be contacted on matters involving this application (give area code): Keith Garswell, Director 305-416-1411

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 5 6 0 0 0 7 2 4

7. TYPE OF APPLICANT: (enter appropriate letter in box)

<input checked="" type="checkbox"/> A. State	<input type="checkbox"/> H. Independent School Dist.
<input type="checkbox"/> B. County	<input type="checkbox"/> I. State Controlled Institution of Higher Learning
<input type="checkbox"/> C. Municipal	<input type="checkbox"/> J. Private University
<input type="checkbox"/> D. Township	<input type="checkbox"/> K. Indian Tribe
<input type="checkbox"/> E. Interstate	<input type="checkbox"/> L. Individual
<input type="checkbox"/> F. Intermunicipal	<input type="checkbox"/> M. Profit Organization
<input type="checkbox"/> G. Special District	<input type="checkbox"/> N. Other (Specify) _____

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
**U.S. Department of Commerce
Economic Development Administration**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE: Public Works Improvements

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Assist with the cost of off-site public works improvements being done in conjunction with a new 83-acre retail project.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
City of Huntington Park

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
		33rd	33rd

15. ESTIMATED FUNDING:

a. Federal	\$	2,000,000
b. Applicant	\$	2,035,000
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	4,035,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE _____

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Gregory D. Kordunner	b. Title City Manager	c. Telephone Number 323-582-6161
d. Signature of Authorized Representative <i>Gregory D. Kordunner</i>		e. Date Signed 9/25/03

Previous Editions Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11-1-04 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier	
5. APPLICANT INFORMATION Legal Name: LUCERNE VISTA MUTUAL WATER CO. Organizational DUNS: 1-40736567 Address: Street: 10,000 CALLE DE PAZ City: LUCERNE VALLEY, CA. County: SAN BERNARDINO State: CALIFORNIA Zip Code: 92356 Country: U.S.A.		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: MICHAEL Middle Name: JOSEPH Last Name: WOZNIAK Suffix: Email: WOZZOLA @ SISP.NET Phone Number (give area code): 760 953 5507 Fax Number (give area code): 760 248 2451			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-0029201		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify):			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WATER AND WASTE DISPOSAL LOAN AND GRANT 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SAN BERNARDINO COUNTY		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WATER SYSTEM REPLACEMENT PROJECT.			
13. PROPOSED PROJECT Start Date: MAY-JUNE 2005 Ending Date: 3-6 MONTHS 12-31-05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 41 b. Project 41			
15. ESTIMATED FUNDING: a. Federal \$ 629,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 629,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11-1-04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: Last Name: WOZNIAK First Name: MICHAEL Middle Name: JOSEPH Suffix: b. Title: PRESIDENT c. Telephone Number (give area code): 760 953 5507 d. Signature of Authorized Representative: [Signature] e. Date Signed: 11-1-04					

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

November 16, 2004

1. TYPE OF SUBMISSION:
Application

Pre-application

3. DATE RECEIVED BY STATE

State Application Identifier

☒ Construction
☐ Non-Construction

☐ Construction
☐ Non-Construction

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of Aliso Viejo

Organizational DUNS:

031628279

Address:

12 Journey, Suite 100

Street:

Aliso Viejo

City:

Orange

County:

California

State:

U.S.A.

Zip Code:

92656-5335

Country:

Organizational Unit:

Department:

Public Works and Engineering

Division:

Not Applicable

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

First Name:

Mr.

John

Middle Name:

Last Name:

Whitman

Suffix:

Email:

jwhitman@cityofalisoviejo.com

Phone Number (give area code)

Fax Number (give area code)

(949) 425-2531

(949) 425-3899

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

C - Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY:

U.S. Fish and Wildlife Service

10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

623

TITLE (Name of Program):

No. America Wetlands Conservation Fund

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):

Orange County, California

13. PROPOSED PROJECT

Start Date:

Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

48

15. ESTIMATED FUNDING:

a. Federal \$ 50,000

b. Applicant \$ 75,000

c. State \$ 43,000

d. Local \$ 0

e. Other \$ 0

f. Program Income \$

g. TOTAL \$ 168,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

 a. Yes ☒ THIS PREAPPLICATION/APPLICATION WAS MADE
 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
 REVIEW ON

DATE: 11/16/04

b. No ☒ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR
 REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE
 DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
 ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

Mr.

First Name

John

Middle Name

Last Name

Whitman

Suffix

b. Title

Public Works Director/City Engineer

c. Telephone Number (give area code)

(949) 425-2531

d. Signature of Authorized Representative

e. Date Signed

11/16/04